

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 11.4  
**TITLE:** THERAPEUTIC APHERESIS THERAPY

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**AUTHORITY:** 38 CFR 17.270(a) and 17.272(a)(14)

**RELATED AUTHORITY:** 32 CFR 199.4(d)(1)

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### I. EFFECTIVE DATE

December 29, 1982

### II. PROCEDURE CODE(S)

36511-36516

### III. DESCRIPTION

Any procedure in which blood is withdrawn from a donor, a portion (plasma, leukocytes, platelets, etc.) is separated and retained, and the remainder is retransfused into the donor.

### IV. POLICY

Therapeutic apheresis may be cost shared when medically necessary and the standard of medical practice. Outlined below are some examples of conditions for which therapeutic apheresis is indicated:

1. chronic inflammatory demyelinating polyneuropathy;
2. chronic myelogenous leukemia;
3. cryoglobulinemia;
4. familial hypercholesterolemia (The device must be FDA approved and used only in accordance with FDA labeling);
5. Goodpasture's syndrome;
6. Guillain-Barre syndrome;
7. hemolytic uremic syndrome (HUS);
8. homozygous familial hypercholesterolemia;

9. hypergammaglobulinemia purpura;
10. hyperviscosity syndromes;
11. leukapheresis in the treatment of leukemia;
12. life-threatening immune complex rheumatoid vasculitis;
13. membranous and proliferative nephritis (glomerulonephritis);
14. multiple myeloma (symptomatic monoclonal gammopathy);
15. myasthenia gravis during a life-threatening crisis;
16. peripheral stem cell therapy (PSCT), where the patient is both donor and recipient of stem cells harvested from the blood stream. This technique is generally reserved for those patients who have disease involvement of their bone marrow, making autologous bone marrow transplant (ABMT) less satisfactory (see [Chapter 2, Section 31.10](#), *High Dose Chemotherapy and Stem Cell Transplantation*);
17. post-transfusion purpura;
18. Raynaud's Disease;
19. Refsum's Disease;
20. systemic lupus erythematosus (last resort);
21. thrombotic thrombocytopenic purpura; and
22. Waldenstrom's macroglobulinemia.

## **V. POLICY CONSIDERATIONS**

A. Therapeutic apheresis should be used only after conventional forms of treatment have been tried and have proven ineffective in life-threatening situations.

B. In some life-threatening situations, it may not be possible to have used conventional forms of treatment prior to the use of therapeutic apheresis. In these cases, conventional forms of treatment may be used in conjunction with therapeutic apheresis.

C. Medical documentation must be submitted with the claim showing medical necessity for, and appropriateness of, the treatment.

D. All claims for the use of therapeutic apheresis in the treatment of the specified conditions shall be referred to medical review prior to processing. Claims for therapeutic apheresis involving treatment beyond ten exchanges must be reevaluated by medical review to determine whether the treatment continues to be appropriate for the particular patient.

**VI. EXCLUSION**

Therapeutic apheresis for unproven indications.

**\*END OF POLICY\***